

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | LJ       | 857    | 7/19/01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original | 9/6/01 |
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| 24       | ✓ ✓    |
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| 42       |        |
| 43       | ✓      |
| 44       | ✓ ✓    |
| 45       | 0 =    |
| 46       | 0 =    |
| 47       | ✓ =    |
| 48       | ✓ ✓    |
| 49       | ✓ ✓    |
| 50       | ✓ ✓    |

| Claim    | Date   |
|----------|--------|
| Final    | 9/6/01 |
| Original | 9/6/01 |
| 51       | ✓ ✓    |
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| 53       | ✓ ✓    |
| 54       | ✓ ✓    |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)